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[1](#)1. SUMMARY: This cable summarizes the strategies and activities undertaken by USAID and CDC to build national and local capacities to alleviate the impact of HIV/AIDS and reduce the stigma and discrimination associated with the disease. Key to USAID and CDC's efforts are technical assistance to the National Action Committee on AIDS (NACA) and its nascent state and local counterparts (i.e. SACAs and LACAs) as well as the Federal Ministry of Health (FMOH); capacity building for non-governmental organizations (NGOs); care and support of people living with AIDS (PLWA) and people affected by AIDS (PABA) and the central involvement of PLWAs in all activities; the training of voluntary counseling and testing (VCT) personnel and the development of VCT centers; the involvement of faith based organizations and religious leaders; and the use of mass media and advocacy. With our increase in HIV/AIDS funding, USAID will become the largest financial donor in FY 03, followed by the World Bank. CDC is the major source of technical assistance to the FMOH. End Summary.

[1](#)2. Overview: The first case of AIDS in Nigeria was reported in 1986, and the Government of the Federal Republic of Nigeria (GON) conducted the first HIV sentinel sero-prevalence survey in 1990. In 1990/91, the national prevalence rate was roughly 1.8%. Over the past twelve years this rate has steadily risen to 5.8% in 2001 - an increase of more than 300 percent. Currently, there are roughly over 3.5 million Nigerians living with HIV/AIDS. Nigeria has the highest number of HIV/AIDS infected adults in West Africa and accounts for 11% of worldwide HIV/AIDS.

[1](#)3. Working with the Government: Two years ago, President Olusegun Obasanjo established the National Action Committee on AIDS (NACA), a policy and coordination body that reports directly to him and pursues a multisectoral approach to HIV/AIDS. USAID and CDC have supported NACA since its inception, supplying technical assistance to the organization on many occasions. For example, the USAID-funded policy Project assisted NACA to develop the HIV/AIDS Emergency Action Plan (HEAP) that provides the framework for the national effort and helped NACA draft the National HIV/AIDS policy.

[1](#)4. In July, seemingly out of frustration for NACA's inability to move as quickly as he had hoped, President Obasanjo disbanded NACA to create a new coordination and implementation structure under the Federal Ministry of Health (FMOH), the National AIDS Prevention and Control Agency (NAPCA).

[1](#)5. USAID, the World Bank, and Britain's Department for International Development (DfID), the three major HIV/AIDS donors in Nigeria, were concerned that creation of NAPCA under the FMOH might hamper the multisectoral national effort and that there was an inherent conflict of interest in a national structure that both coordinated and implemented programs. The three donors endorsed an effort leading to the re-establishment of NACA under a more energetic leadership with greater direct access to the President through the reactivation of the Presidential Committee on AIDS (PCA). USAID is attempting to help the new NACA leadership with

provision of technical assistance to: a) map donor supported HIV/AIDS activities nationwide; b) develop an advocacy campaign in support of the bill to make NACA a legal entity; and c) develop a national media campaign to combat stigma and discrimination.

16. Working to improve NACA is only part of USAID's efforts to build institutional capacity. We realize the relationship and division of responsibilities between NACA and state and local government structures are still evolving and that tensions exist. To facilitate and expedite the development process, both USAID and the CDC have developed projects that provide technical assistance and support to the SACAs and LACAs in four USAID focus states (Lagos, Kano, Taraba and Anambra).

17. The CDC provides funding to the National Alliance of State and Territorial AIDS Directors (NASTAD) to work with NACA and SACA representatives to develop models of state level organizations appropriate to Nigeria. In a complementary fashion, the USAID-funded IMPACT (Implementing AIDS Prevention and Control Activities) Project works to raise the level of political awareness and commitment of policy-makers in support of HIV/AIDS programs at the local level. Technical assistance to the LACA includes training in management, advocacy and community mobilization, and monitoring and evaluation. The success of this project will be measured by increased funding from the local governments to the LACA and by increased referrals and coordination among the groups working in HIV/AIDS. Although neither the CDC nor IMPACT efforts are mature enough to be evaluated at this point, preliminary observations are encouraging. Other donors are monitoring these projects with an eye to replication in other states and local government areas.

18. Cooperating with Civil Society: Civil society organizations suffered enormously during military rule. One of the greatest challenges facing the Mission is building the capacity of local non-governmental organizations (NGOs) and community-based organizations (CBOs). In the HIV/AIDS arena, USAID supports over 60 local NGOs to build capacity. The 60-plus local NGOs receiving this intensive capacity building will increase access to better quality HIV/AIDS services in their areas. Target populations include sex workers and their clients, transport workers, religious organizations, youth, trade unions and the uniformed services.

19. Raising Public Awareness - PLWA/PABA: USAID is recognized as the major donor to projects for people living with AIDS (PLWA) and people affected by AIDS (PABA). Some USAID-supported projects have a national reach while others are localized. The focus of these projects includes documenting general human rights violations as well as the discrimination faced by PLWA at medical facilities. It also includes radio call-in shows run by PLWA to local support groups run by PLWA to community-based care and support projects for PLWA and PABA. USAID, for example, piloted the first two community-based projects for orphans and vulnerable children (OVC) in Nigeria. These projects, located in areas with the highest HIV prevalence in the country, will not be formally evaluated until October. However, it is obvious that these projects have galvanized support for PLWA and PABA and have lessened the AIDS stigma while energizing open discussion.

10. Previous to project implementation, the stigma of HIV was so great in Benue State that there were instances of violent demonstrations against anyone who spoke publicly on the issue. As a result of the OVC project, traditional and political leaders in Benue now hold meetings and openly discuss the gravity of the HIV/AIDS epidemic in public fora. USAID also funded Population Services International's highly acclaimed televised anti-discrimination campaign during the World Cup and USAID will support NACA to develop a national media campaign to combat stigma. In another project, USAID is supporting the production of videos containing testimonials of PLWA that will be used extensively to put a human face to the epidemic.

11. The CDC is a major donor in terms of supplying

technical assistance to the FMOH and NACA to improve prevention, care and treatment services to PLWA. For example, the CDC recently assisted the FMOH to complete site assessments of the three university teaching hospitals that will serve as training centers for different cadres of health workers on comprehensive patient care including home-based care.

¶12. Faith-Based Approaches: Other successful strategies that USAID has utilized to overcome stigma and discrimination is support to faith-based initiatives and the recruitment of religious leaders to advise non-faith based projects. Muslim and Christian clergy alike have considerable influence on the beliefs and attitudes of their followers. USAID funded projects recognize this influence and enlist these leaders in most undertakings. For instance, a required component of all community-based projects supported through the USAID-funded IMPACT Project is a Project Advisory Committee (PAC). A PAC is composed of local leaders who meet monthly. They advise on project activities and how to present a project's objectives before the community. Religious leaders are always included as PAC members. Thus, the project with the Kano State branch of the National Transport Workers Union has several Muslim and traditional leaders whose counsel has allowed project staff to promote condom use in a socially acceptable manner.

¶13. Other USAID-supported projects target the religious leaders themselves for interventions. The project with Church of Christ in Nigeria (COCIN), a major social and political force in the Middle Belt region, is an outstanding example of this approach. Due to USAID-sponsored interventions, COCIN's leadership has dramatically changed its original stance that equated HIV infection with punishment from God and forbade condom use. The COCIN hierarchy now accepts that HIV/AIDS is a major danger to the church and its members; they actively support people living with HIV/AIDS (PLWHA); and promote condom use within the confines of marriage.

¶14. Another critical component of USAID's effort to alleviate stigma and discrimination is the training of voluntary testing and counseling (VCT) personnel and the establishment of the first two dedicated voluntary counseling and testing (VCT) centers in Nigeria. The USAID-funded IMPACT Project recently opened the country's first VCT center in a densely populated area of Lagos and will soon open the second center in the second largest city, Kano. These two urban VCT centers located in the country's two most populated states serve approximately 37% and 32% of their respective state populations. There are no other facilities in the country where a client can receive pre-test counseling, a rapid HIV test and post-test counseling, including referral to other services as necessary. VCT is a critical element in prevention. Those who test negative need to be counseled and motivated to maintain or adopt behaviors to keep them safe; those who are positive need to be counseled to adopt behaviors to protect others from infection and themselves from reinfection. Positive persons also need to be referred to services such as support groups and treatment for opportunistic infections. Some experts believe that decrease in HIV prevalence in Uganda is attributable in part to the dramatic increase in people receiving VCT services. The IMPACT Project has also established 22 other Voluntary Counseling Centers (i.e., clients receive counseling but must go elsewhere for testing and referral to other services) and these represent a large proportion of the total counseling centers nationwide. The CDC also supports the FMOH to develop models for VCT services in public facilities.

¶15. CONCLUSION: The national, state, and local structures created to lead the HIV/AIDS effort across the country and most local NGOs are still primarily in their developmental stages but USAID and the CDC are major actors in building their capacity. Discrimination against PLWA remains high and is deep seated in Nigeria but here again USAID is at the forefront of efforts to reduce the stigma. Another major contribution of the CDC has been technical assistance to the National Sero-prevalence survey, which provides critical information for program development.

16. Much remains to be done in Nigeria to combat the spread of HIV/AIDS and to halt the increase in Nigeria's HIV prevalence. AIDS in Nigeria has had a terrible personal and familial impact on PLWA and PABA. Increasingly, it is having social and economic and political impact that has made Nigerian policy-makers take notice. Appropriate programming of the \$90 million World Bank loan, the \$70 million from the Global Trust Fund and the \$40 million from the Government of Nigeria budget will help but more resources, planning, and personnel as well as the political will of all levels of government will be needed. The USG, through USAID and CDC, is working with the Government of Nigeria and other donors to improve the response to HIV/AIDS and ensure services will be in place. With half the population of Nigeria under the age of fifteen, another more damaging wave of the epidemic is looming. The need to mount sufficient remedial and prevention efforts in order to face this challenge cannot be overstated. Jeter